



Murray Camp of Nantucket, Inc.
12 Edgewood Rd.
Newton Massachusetts 0265
Tel. 508-325-4600
ackmurraycamp@gmail.com

PLEASE SCAN or MAIL COMPLETED FORMS TO:

Ackmurraycamp@gmail.com or post to:

Murray Camp of Nantucket Island, Inc. (academic year mailing address)
12 Edgewood Road
Newton, Massachusetts 02465

EMPLOYMENT APPLICATION FOR DAY CAMP STAFF

DATE: _____

Name: _____	Soc. Sec.#_ (last 4 digits)_____
HOME ADDRESS: _____	MAILING ADDRESS: _____
street: _____	street: _____
city: _____	city: _____
state: _____ zip: _____	state: _____ zip: _____
phone: _____	phone: _____
e-mail: _____	e-mail: _____

PERSONAL

Married _____ Single _____, Age: _____
Date of Birth: _____

Driver license state and number : _____
(Please enclose a photocopy of your license, with this application)

Current extra-curricular activities: _____

Position sought: _____

EDUCATION

School name Current grade or year graduated degree

High school: _____

College: _____

Graduate School: _____

SPECIAL ABILITIES Write "1" before those activities in which you have been a leader/;
Write "2" before those in which you feel competent.

☐ Clay ☐ Group Games ☐ Dramatics ☐ Art ☐ Crafts
☐ Swimming ☐ Surfing ☐ Sailing ☐ Kayaking { } Paddle-boarding)
☐ Baseball ☐ Soccer ☐ Basketball {Tennis}
How well do you Swim? { } Excellent ☐ Fair ☐ Not at all
Indicate with an "X" if you are currently certified in any of the following areas:

☐ First Aid/ AED ☐ Life Guard Training ☐ CPR ☐ WSI { } teacher certification { } other _____
(Please enclose photocopies of your certifications with this application)

CAMP EXPERIENCE

List the camps/programs/schools that you have been employed by (and positions held) / year

_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____

ADDITIONAL EXPERIENCE WORKING WITH CHILDREN:

WHY DO YOU WISH TO JOIN THE MURRAY CAMP STAFF? Please specify which position you are applying for, age group with whom you feel most comfortable working with and activity areas in which you feel most comfortable teaching or assisting with: Please mention why you would be an ideal candidate

Have you been convicted of a misdemeanor or felony? ☐ yes no ☐

If yes, please explain:

I am available for interviews in the Nantucket or Boston area on _____. I am able to begin working at camp on June 22, 2016. I have answered all of the questions on this application to the best of my ability.

I understand that a requirement for employment will be a satisfactory Criminal Background check as well as a satisfactory Sexual Offender background check (Download these forms from the camp website) and include with your application.

***If I am not a Massachusetts resident , I am aware that I must provide criminal background check documentation from my state of residence prior to an offer of employment being made and as well. I am enclosing the required sexual offender form from the camp website required of all applicants.**

I have secured island summer housing at the following Nantucket address **(REQUIRED):**

Applicant Signature _____ Date _____

WORK HISTORY FOR: _____
NAME

In compliance with new state regulations, we must show a work history for every Camp employee. This includes babysitting and/or volunteer work.
Please list below your work history from the last five years, including the name of The company, contact person and telephone number:

1. _____
company date of employment

contact person telephone # & e-mail

2. _____
company date of employment

contact person telephone # & e-mail

3. _____
company date of employment

contact person telephone # & e-mail

MURRAY CAMP REFERENCES

Date: _____

For: _____

Applicant's name

*Please include 4 references even if you do not have 2 professional and 2 personal.

****THESE REFERENCES MAY NOT BE RELATIVES.**

Professional

1. Name: _____

Relationship to you: _____

Email Address: _____

Telephone #: _____

Personal

3. Name: _____

Relationship to you; _____

Email Address; _____

Telephone #: _____

Professional

2. Name: _____

Relationship to you: _____

Email Address: _____

Telephone #: _____

Personal

4. Name: _____

Relationship to you; _____

Email Address; _____

Telephone #: _____

**COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD**

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

*****THIS BOX OFFICE USE ONLY*****

Requestor's name: _____ **Date of birth:** _____

Address: _____ **Telephone number:** _____

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ **Date:** _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name: _____

Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Other information (e.g. license plate number, parents' names, etc.): _____

*******WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).



Murray Camp of Nantucket, Inc.
P.O. Box 3437
Nantucket, Massachusetts 02584
Tel: 508-325-4600
Fax: 508-325-4646

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MURRAY CAMP OF NANTUCKET, INC has been certified by the Criminal History Systems Board for access to conviction data.

As an applicant/employee for the position of _____
I understand a criminal record check will be conducted for conviction information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME:

FIRST NAME:

MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE)

SEX: M F

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

*****THIS BOX OFFICE USE ONLY*****

REQUESTED BY: _____
SIGNATURE OF MURRAY CAMP CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____